

**MEMBERSHIP APPLICATION 2025**  
**LOUISIANA STATE HORSESHOE PITCHERS' ASSOCIATION**  
**AND**  
**NATIONAL HORSESHOE PITCHERS' ASSOCIATION**  
**(INCLUDES LIABILITY INSURANCE)**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** (     ) \_\_\_\_\_ **DATE OF BIRTH** / / \_\_\_\_\_

**E-Mail** \_\_\_\_\_

Last years N.H.P.A. card number \_\_\_\_\_

How many years have you been an L.S.H.P.A. member? \_\_\_\_\_

**One (1) year State & National Dues**

(National \$23.00---Insurance \$2.00---State \$5.00) \_\_\_\_\_ **Total \$30.00**

(Jr./Cadet: National \$3.00---Insurance \$2.00---State \$2.00) \_\_\_\_\_ **Total \$7.00**

Provisional: National \$10.0---State \$5.00 \_\_\_\_\_ **Total \$15.00**

Trial Membership----- No Fees; Only eligible for one event

**Total Amount Sent with this application:** \_\_\_\_\_

**CATEGORY:** (Circle one)      M        W        E        B        G        C        P        T  

**Please designate which club or area in which you wish to be included.**

Bayou HPA \_\_\_\_\_    Cajun HPA \_\_\_\_\_    Big EZ Harahan \_\_\_\_\_

NE HPA \_\_\_\_\_    Shreveport HPA \_\_\_\_\_

**(Shirts are For New Members only)**

**Shirt Size**      S        M        L        XL        XXL        XXXL      **Color**      White / Gray / Orange / Pink / Navy Blue  
  Safety Yellow / Golden Yellow / Purple

**Your Make/Style of Horseshoe** \_\_\_\_\_

**Please include check or money order payable to L.S.H.P.A. and mail to:**

**L.S.H.P.A.**  
**c/o Al Dodson**  
**811 Susan Drive**  
**Morgan City, La. 70380**  
**allinda67@gmail.com**